

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

CERTIFICATE OF DEATH

09266

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's
 City or town Perry Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County St. Mary's
 City or town Perry Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) C
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Florence Ella Briscoe

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) 1879? 8. (c) If alive, give age _____ years
 8. AGE: Years 67? Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housekeeper
 11. Industry or business _____
 12. Name Deilly Grace
 13. Birthplace Maryland
 14. Maiden name Cecilia Taylor
 15. Birthplace Maryland

16. Informant John W. Briscoe
 Address Perry Point, Md.
 17. Burial Date thereof 9-28-46
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory St. Marks
 Location Valley Lee, Md.
 18. Funeral director P. B. Robinson
 Address Leonardtown, Md.
 19. 9-29- 19 46
 (Date rec'd by registrar) pg. Briscoe, Md. Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 19 46 at 6:25 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 46 to Sept. 27 19 46
 and that I last saw him alive on Sept. 26 19 46
 Immediate cause of death _____

DURATION
Valvular Heart Disease 2 yrs.
 Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE pg. Briscoe, Md. M. D. or other
 Address Great Mills, Md. Date signed 9-29-46

RECEIVED
OCT 1 1946
BUREAU OF

RECEIVED
OCT 1 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Diat. No. 09267

1. PLACE OF DEATH:

County St. Marys
 City or town Rural California
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Marys
 City or town Rural California Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Green Holly
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth Alden Craighead

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 15, 1861
 8. AGE: Years 85 Months 4 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Elizabeth Pa
 (Town, county, and state)
 10. Usual occupation Clerk (retired)
 11. Industry or business U.S. Treasury Dept.
 12. Name John Craighead
 13. Birthplace Elizabeth Pa
 14. Maiden name Gibson
 15. Birthplace Massachusetts
 16. Informant Mrs. Blanch Alexander
 Address California, Md
 17. Burial Cremation Date thereof Sept. 23, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Elizabeth Cemetery
 Location Elizabeth Pa
 18. Funeral director Pines Funeral Home
 Address Washington, D.C.
 19. Sept. 22, 1946 (Date rec'd by registrar) W. B. Bean Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22, 1946 at 4 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased Sept 30, 1945 to Sept 22, 1946
 and that I last saw her alive on Sept 21, 1946
 Immediate cause of death General arteriosclerosis DURATION 10 years
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. B. Bean Md M. D. or other _____
 Address Great Mills, Md Date signed Sept 22/46

RECEIVED

SEP 25 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

09268

1. PLACE OF DEATH:

County... St. Mary's
 City or town... Piney Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Md. County... St. Mary's
 City or town... Piney Point
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Richard Donovan

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 25 - 1883

8. AGE: Years Months Days It less than one day
63 8 hrs. min.

9. Birthplace Waupun, Fond du Lac, Wisconsin
(Town, county, and state)10. Usual occupation retired

11. Industry or business

12. Name Patrick Donovan13. Birthplace Ireland14. Maiden name Mary Brown15. Birthplace Ireland16. Informant Thomas BoyleAddress 2142 - N. 39th St. Milwaukee W. is.

17. Burial Date thereof Sept. 7 - 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory CalvaryLocation Waupun, Wisconsin18. Funeral director H. C. Mattingley SonsAddress Leonardtown, Md.19. Sept 2 1946(Date rec'd by registrar) P. J. Bean Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2nd 1946 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1946 to Sept 2 1946
 and that I last saw him alive on Sept 2 1946

Immediate cause of death

Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Bean M. D. or otherAddress Great Mills, Md. Date signed Sept 2/46

RECEIVED
SEP 5 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-2

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County... St. Marys
 City or town... Valley Lee Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 10 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... St. Marys
 City or town... Valley Lee
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

William Bernard Duke

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Edison D. Duke

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 4 - 1873

8. AGE: Years 73 Months 2 Days 15 It less than one day hrs. min.

9. Birthplace San Antonio County Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John F. D. Duke

13. Birthplace St. Marys Co

14. Maiden name Margaret Mitchell

15. Birthplace St. Marys Co

16. Informant Survivor Duke Jr

Address Valley Lee Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof Sept 22, 1946
 (month) (day) (year)

Cemetery or crematory St. Francis Xavier

Location Compton Md

18. Funeral director W. C. Matthews Inc

Address Leonardtown Md

19. Sept 22 19 46 F. C. Registrar M. Pearson

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept 21 19 46 at 4:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 19 45 to Sept. 21 19 46

and that I last saw him alive on Sept. 20 19 46

Immediate cause of death Bilateral Hypostatic Pneumonia DURATION 2 days

Due to Repeated Cerebral Hemorrhages 1 year

Due to Hypertension 5 years

Generalized Atherosclerosis 5 years

Other conditions Mycocarditis 2 years

Prostatic Hypertrophy 3 years
 (Include pregnancy within 6 months of death)

Major findings of operations... Date of op...

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. H. Patrick MD M. D. or other

Address Pearson Md. Date signed 9-21-46

RECEIVED
SEP 25 1946
BUREAU OF B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 929

CERTIFICATE OF DEATH

09270

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
City or town Leonardtown (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town Leonardtown, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mary G. Fenwick

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Gerald Fenwick

7. Birth date of deceased (mo., day, yr.) Aug 10, 1909 6.(c) If alive, give age 39 years

8. AGE: Years 37 Months 0 Days 25 If less than one day
hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Joseph J. Barnes

13. Birthplace Maryland

14. Maiden name Jane Mathews

15. Birthplace Maryland

16. Informant Gerald Fenwick

Address Leonardtown, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 9/7/46
(month) (day) (year)

Cemetery or crematory Gion Fair

Location Leonardtown, Md.

18. Funeral director W. B. Johnson

Address Leonardtown

19. 9/7 19 46 Canalier
(This rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4, 1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Saw deceased on 19

and that I last saw him alive on 9-5-46 19

Immediate cause of death Acute infarction of myocardium DURATION

Due to myocardial infarction

Due to coronary artery disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. Greenwell M.D. or other

Address Leonardtown, Md. Date signed Aug 16, 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 4 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Dist. No. 09271 286

1. PLACE OF DEATH:

County St. Marys

City or town Rural, Chaptice
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Marys

City or town Rural, Chaptice
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Ali's Caroline Hill

3.(b) Social Security Number

4. Sex Female

5. Color of race Col

6.(a) Single, married, widowed, or divorced S

8.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Mar 16 - 1945

8. AGE: Years 1 Months 6 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace St. Marys
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Chas E. Hill

13. Birthplace St. Marys

14. Maiden name Annie C. Hill

15. Birthplace St. Marys

16. Informant Annie C. Hill

Address Chaptice Rd

17. Burial Date thereof 9-18-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Marys Cemetery

Location Rural, Chaptice

18. Funeral director Wm G C Welch

Address Chaptice Rd

19. 9-18-46 Thos M. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1946, at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 16 1946, to Sept 16 1946

and that I last saw him alive on Sept 16 1946

Immediate cause of death Branch Pulmonary DURATION

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Dates of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Francis J. Greenup Jr

M. D. or other _____

Address Leonard Heights Date signed 9-17-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 20 1946
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:

How long in hospital or institution? St Marys Hospital 2 weeks

3. (a) FULL NAME

Albert Latham

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Lillie Latham

7. Birth date of deceased (mo., day, yr.) April 8, 1874

8. AGE: Years 72 Months 5 Days 1 If less than one day hrs. min.

9. Birthplace Sand Gate St Marys Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Lillie Latham

13. Birthplace St Marys Co

14. Maiden name Mary Robinson

15. Birthplace East shore Md

16. Informant Mrs Lillie Latham

Address Pakley Md

17. Burial Date thereof Sept 12, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue Point Cemetery

Location Long Island New York

18. Funeral director W.C. Matthews Son

Address Leonardtown Md

19. Sept 9 19 46 F.A. Camatter
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St Marys
City or town Pakley
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 19 46 at 10:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 46 to 19 46
and that I last saw him alive on September 8 19 46

Immediate cause of death

Cerebral Hemorrhage

Due to Chronic hypertension

Due to and anemia

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Fuchs, M.D.

Address Leonardtown, Md. Date signed 9/9/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 11 1946
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 19273 2802

1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Julian Liston

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Julia C. Liston

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 28-18868. AGE: Years 60 Months 1 Days 21 If less than one day _____ hrs. _____ min.9. Birthplace Washington D.C.
(Town, county, and state)10. Usual occupation Fireman Retired

11. Industry or business _____

12. Name Richard Liston13. Birthplace Ireland14. Maiden name Helen Wright15. Birthplace Ireland16. Informant Mrs. Julian Liston (wife)Address Hollywood, Md.17. Burial Date thereof Sept 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Washington D.C.18. Funeral director Albert G. GaltAddress 641-14 St. N.E. D.C.19. 6/20 19 46 Camden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 - 1946 at 1:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to Sept 19 1946and that I last saw him alive on September 18 1946

Immediate cause of death _____ DURATION _____

Myocardial Failure 4 weeksDue to Chronic myocarditis andDue to myocardial degeneration several yrs.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert V. Fuchs, M.D. M. D. or other _____Address Leonardtown, Md. Date signed 9/19/46

RECEIVED

OCT 4 1946

BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10-2

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
City or town Leonardtown, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hours
Hospital, institution, or street address where death occurred:
St. Mary's Hospital
How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town _____
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Infant Norris

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Infant

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 2nd 1946 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hrs. _____ mo.

9. Birthplace Leonardtown, St. Mary's Md.
(Town, county and state)

10. Usual occupation Infant

11. Industry or business

12. Name James A. Norris

13. Birthplace Leonardtown Md

14. Maiden name Agnes Ruth

15. Birthplace Baltimore Md

16. Informant Mr. James A. Norris

Address Leonardtown Md

17. Burial Date thereof Sept 3-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Charles

Location Leonardtown Md

16. Funeral director W. C. Mattingly

Address Leonardtown Md

19. Sept. 3 19 46 Cavalier
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Sept 3 19 46 at 1230 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 19 46 to September 3 19 46 and that I last saw him alive on September 3 19 46

Immediate cause of death _____ DURATION _____

Asphyxia ca 2 hrs

Due to Asphyxia of amniotic fluid.

Due to _____

Other conditions _____

_____ (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert F. Fuchs M.D.

Address Leonardtown, Md. M. D. or other _____

Date signed 9/3/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 6 1946

BUREAU V. S.

RECEIVED

SEP 6 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
City or town Compton Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Compton
(If outside city or town limits, write RURAL and give nearest town)
Street No. P. O. # 2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Glorie Morgan Payne

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Clara Johnson Payne

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 12 - 1872

8. AGE: Year 74 Month 7 Day 11 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland St. Mary's Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business retired

12. Name George H. Payne

13. Birthplace St. Mary's Co

14. Maiden name Josephine Morgan

15. Birthplace St. Mary's Co

16. Informant Johnson Payne

Address Compton Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Sept 25 1946
(month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Maryland Md

18. Funeral director W. C. Mattingly

Address Leonardtown Md

19. Sept 23 46 F. A. Cavalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1946 at 7:03 AM

21. I CERTIFY that death occurred on the date above elated; that I attended deceased from Sept 14 46 to Sept 23 46

and that I last saw him alive on Sept 21 46

Immediate cause of death Prostate

DURATION 2 yrs

Due to Infected Prostate

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. F. Greenwell M. D. or other

Address Leonardtown Md Date signed 9-23-46

MARGIN RESERVED FOR BINDING

I

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 25 1945
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-20

CERTIFICATE OF DEATH

09276

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Valley Lee
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County St. Marys
 City or town Valley Lee
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. L
 (If rural, give LOCATION)
 2. (a) If veteran, name war L

3. (a) FULL NAME

John S. Robinson
 4. Sex m 5. Color or race col. 6. (a) Single, married, widowed, or divorced single

3. (b) Social Security Number

6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1943

8. AGE: Years 3 Months 7 Days 12 If less than one day
 hrs. min.

9. Birthplace Md.
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Herbert Robinson13. Birthplace Md.14. Maiden name Melva Thompson15. Birthplace Md.16. Informant Albusta SaxonAddress Valley Lee, Md.17. Burial Date thereof 9-16-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Holy FaceLocation Great Mills18. Funeral director C. B. RobinsonAddress Leonardtown, Md.19. 9-15 19 46 Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1946, at M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from one Sept. 6th 1946and that I last saw him alive on Sept. 13 1946Immediate cause of death AsphyxiationDURATION 9 P.M.Cause of death Choking by a cat chain which caught him under the chin when he fell down & swung him off the groundOther conditions 10 min

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept 14thWhere did injury occur? near Valley Lee (City or town) St. Marys (County) MD (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Accidentally swung injured at work? at play

up by chain which caught him

23. SIGNATURE C. B. Robinson M. D. or otherAddress Leonardtown, Md. Date signed Sept 15, 1946

RECEIVED
OCT 4 1946
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-E

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. MarysCity or town Arnold, Prudden
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5.8 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Arnold, Prudden
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Olive Florence Duke Saunders

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Arthur Saunders6.(c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) Feb 22, 18768. AGE: Years 70 Months 7 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Great Mills, Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name James T. Duke13. Birthplace California, Md14. Maiden name Martha A. Dent15. Birthplace California, Md16. Informant Home ForesterAddress Valley Lee, Md17. Burial Date thereof Sept 27, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Poplar Hill CemeteryLocation Valley Lee, Md18. Funeral director Wm C Wittingly's SonsAddress Leonardtown, Md19. Sept 25, 1946 (Date rec'd by registrar) of Sean Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24, 1946 at 4:40 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10, 1946 to Sept 24, 1946 and that I last saw him alive on Sept 22, 1946

Immediate cause of death

DURATION

Carcinoma of uterus 2 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE of Sean Md M. D. or otherAddress Great Mills, Md Date signed Sept 25, 1946

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

SEP 27 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09278

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary'sCity or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Stephen C. Smith

3. (b) Social Security Number

4. Sex

m

5. Color of face

cal

6. (a) Single, married, widowed, or divorced

married6. (b) Name of ~~husband~~ wife Mary H. Smith

7. Birth date of deceased (mo., day, yr.)

18'64

8. AGE:

83

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Unknown

13. Birthplace

14. Maiden name

Unknown

15. Birthplace

16. Informant

John W. SmithAddress Mechanicsville, Md.17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

9/4/46
(month) (day) (year)

Cemetery or crematory

St. Joseph

Location

Maryland, Md.

18. Funeral director

Leonardtown, Md.

Address

19. 9-3

(Date rec'd by registrar)

19 46Comalies

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 19 46 at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 2nd 19 46 to Sept 2nd 19 46and that I last saw him alive on Sept 2nd 19 46

Immediate cause of death

Pulmonary Edema.Due to Arteriosclerotic Cardio.Vascular Disease withDue to Coronary cl. affectingOther conditions Semileth.

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis L. Gareis MD.Address Hagerstown, Md. Date signed 9-3-46

RECEIVED

OCT 4 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 158

CERTIFICATE OF DEATH

09279

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 hours
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? 10 hours

3. (a) FULL NAME

James Anthony
Infant Thompson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed or divorced Infant
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) Sept 9 - 1946 6. (c) If alive, give age _____ years
 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Leonardtown, St. Mary's, Md.
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Joe L. Thompson13. Birthplace St. Mary's Co14. Maiden name Mary J. Hyde15. Birthplace Charles Co16. Informant Joe L. ThompsonAddress Mechanicville, Md.17. Burial Date thereof Sept 11 - 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph CemeteryLocation Mt. Airy, Md.18. Funeral director W.C. Martinley, Sr.Address Leonardtown, Md.19. Sept. 10, 1946 J. A. Comalier
(Date of death by registrar) (Signature of registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Mechanicville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1946 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept. 10 1946 to Sept. 10 1946
 and that I last saw him alive on Sept. 10 1946

Immediate cause of death Circulatory Failure
 DURATION 1 day

Due to Respiratory Obstruction
and Anoxia
 DURATION 1 day

Due to _____
 DURATION _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE John S. Lane M.D. or other _____
 Address Leonardtown, Md. Date signed 9/10/46

RECEIVED
SEP 12 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. *44*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *170-2*

CERTIFICATE OF DEATH

09280
Reg. Dist. No. *282*

1. PLACE OF DEATH:

County *St Marys*
City or town *Leonardtown Md*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *2 hours*
Hospital, institution, or street address where death occurred:
St Marys Hospital
How long in hospital or institution? *2 hours*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *Maryland* County *St Marys*
City or town *Leonardtown Md*
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Larry Steele Umple

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *single*
6. (b) Name of husband or wife _____
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) *Jan 18 1942*
8. AGE: Years *4* Months *8* Days *18* If less than one day _____ hrs. _____ min.

9. Birthplace *Park Hall St Marys Maryland*
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name *Pye Umple*
13. Birthplace *St Marys Co*
14. Maiden name *Bernice Vincent*
15. Birthplace *Baltimore Md*

16. Informant *Pye Umple*
Address *Park Hall Md*

17. *Burial* Date thereof *Oct 2 - 1946*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Trinity Cemetery*
Location *St Marys City Md*

18. Funeral director *W C Thompson Inc*
Address *Leonardtown Md*

19. _____
(Date rec'd by registrar) 19. _____
Registrar *Camelion*

MEDICAL CERTIFICATION

20. DATE OF DEATH *Sept 29 1946* at *8:10 P.M.*
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *8:10 P.M. Sept 30 1946*
and that I last saw him _____ alive on _____ 19____
Immediate cause of death *Cerebral infarction*

Due to *fractures of the skull from being hit by automobile*
Due to *automobile*
Other conditions *other bodily injuries*
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results *not made*
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide *Accident* Date of *Sept 29 1946*
Where did injury occur? *near Park Hall St Marys Md*
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) *Public Road*
Means of injury *Struck by automobile* Injured at work? *no*

23. SIGNATURE *F F Greenwell* M. D. or other _____
Address *Leonardtown Md* Date signed *Sept 30 1946*

RECEIVED
OCT 4 1946
BUREAU OF